

ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 4					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. F34601-02-G-0004			2. DELIVERY ORDER NO. UB7Y		3. DATE OF ORDER (YYMMDD) 2003 OCT 10		4. REQUISITION/PURCH REQUEST NO. YPE03128000454		5. PRIORITY DOA1				
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus,OH 43216-5010 Local Administrator: PCCACGD (614)692-7495 / FAX: (614)692-6929 E-mail: Patricia.McMurray@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0703A DCMA HAMILTON SUNDSTRAND 1 HAMILTON RD WINDSOR LOCKS CT 06096-0463 CRITICALITY: B				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 73030 HAMILTON SUNDSTRAND CORPORATION ONE HAMILTON ROAD WINDSOR LOCKS CT 06096-1010				FACILITY CODE 99167		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 180 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0337 HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 COLUMBUS OH 43218-2266 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2003 SEP 25 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 28							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA KATHY HELM PCCAADH		25. TOTAL		\$ 3659.32			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED						BY: <i>Kathy S Helm</i>		29. DIFFERENCE					
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						28. D.O. VOUCHER NO.		30. INITIALS					
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR					
37. RECEIVED AT						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		34. CHECK NUMBER					
38. RECEIVED BY (Print)						39. DATE RECEIVED (YYMMDD)		35. BILL OF LADING NO.					
40. TOTAL CONTAINERS						41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.					

CONTINUATION SHEET

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Manufacture Facilities:

99167

HAMILTON SUNDSTRAND CORP
DBA HAMILTON SUNDSTRAND AEROSPACE
4747 HARRISON AVE
ROCKFORD IL 61125-7002

Packaging - Inspection and Acceptance Address:

99167

HAMILTON SUNDSTRAND CORP
DBA HAMILTON SUNDSTRAND AEROSPACE
4747 HARRISON AVE
ROCKFORD IL 61125-7002

Admin Office for Packaging:

S1403A

S1403A DCMA CHICAGO
1523 WEST CENTRAL ROAD, BLDG. 203

ARLINGTON HEIGHTS, IL 60005-2451

FOB, INSPECTION/ACCEPTANCE SHALL BE AT CONTRACTOR'S FACILITY IN ROCKFORD, IL.

QUANTITY VARIANCE SHALL BE LIMITED TO INCREASE 0%, DECREASE 10%.

ALL TERMS AND CONDITIONS OF CITED BOA SHALL APPLY.

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SECTION B

PR YPE03128000454
NSN 5962-01-209-9681

ITEM DESCRIPTION:

MICROCIRCUIT,DIGITA

"HARDNESS CRITICAL ITEM/PROCESS." MUST BE
PROCURED IN ACCORDANCE WITH THE DESIGN CONTROL
REFERENCE LISTED ON THIS DOCUMENT. TAILORED ISO
9002 IS REQUIRED. GOVERNMENT SOURCE INSPECTION
SHALL BE IN FULL COMPLIANCE WITH ANSI/ASQC Z1.4
AT TIGHTENED INSPECTION LEVEL III WITH
ACCEPTABLE QUALITY LEVEL 0.10. PROVISIONS OF
FEDERAL ACQUISITION REGULATION 46.504 DO NOT
APPLY. CERTIFICATES OF CONFORMANCE ARE NOT
ACCEPTABLE BECAUSE OF HARDNESS CRITICALITY.

CRITICAL APPLICATION ITEM

HAMILTON SUNDSTRAND CORP (99167) P/N 932A749-1

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPE03128000454	0001	28	EA	<u>\$130.69000</u>	<u>\$3659.32</u>

QTY VARIANCE: PLUS 0% MINUS 10%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = GX: CLNG/DRY = 1: PRESV MAT = 00:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = M:
INTRMDTE CONT = D3: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 39 - MIL-STD-129 ESD SENS ELEC DEV RQMT APPLY
SUPPLEMENTAL INSTRUCTIONS

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 APR 07

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SECTION B

PARCEL POST/FREIGHT ADDRESS:

FB2029
FB2029 DDHU CNTRL RCVG HILL FCLTY
BLDG 849W CML PHN 801 777 7221
5851 F AVE
HILL AFB UT 84056-5713

M/F: (TCN) FB20293108C972 XXX
RDD
PROJ TP 3
SUP ADD SIG A

FOR GOVERNMENT USE ONLY: IPD 12

DIC A0A DIST 0A ADV FC 6C

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REMIT PAYMENT TO:

MELLON BANK
MELLON CLIENT SERVICE CENTER
500 ROSS STREET
PITTSBURGH PA 15262-0001 USA

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